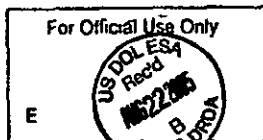


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>10831</u>	2 Fiscal Year Covered From <u>01 / 01 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>RICARDO M. PEREZ</u> P O Box, Bldg, Room No., if any Street <u>501 Shatto Place Suite 400</u> City <u>LOS ANGELES</u> State <u>CA</u> ZIP Code + 4 <u>90020</u>	4 Name file number, and address of labor organization Name <u>District Council # 16 /</u> <u>LOCAL 345.</u> Labor Organization File Number <u>039835</u> P O Box Building and Room Number, if any Street <u>501 Shatto Place Suite 400</u> City <u>Los Angeles</u> State <u>CA</u> ZIP Code + 4 <u>90020</u>
5 Position in labor organization <u>ORGANIZER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name if any P O Box, Bldg, Room No., if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

On

Date

Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Apprentice & Journeyman
TRAINING Trust FUND

Trade Name, if any

P O Box, Bldg, Room No. if any

Street 18431 Laurel Park Road.

City Compton

State CA, ZIP Code + 4 90220.

9 Business deals with

☒ a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No. if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Apprentice Instructors.

11 b Approximate dollar value of such dealing N/A.

12 a Nature of interest held or income received

wages.

12 b Amount 4,676.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box Bldg, Room No., if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name National Inspection and Certification Corporation.
Trade Name, if any

P O Box, Bldg Room No. if any

Street 501 Shatto Place Suite 201

City Los Angeles

State CA. ZIP Code + 4 90020.

9 Business deals with

- ☒ a Labor Organization
b Trust
c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box Bldg Room No. if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Christmas Gift.
(Sunglasses).

11 b Approximate dollar value of such dealing 172.26.

12 a Nature of interest held or income received**12 b** Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box Bldg Room No., if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment

Name of Person Filing	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>PIPING Industry Progress</u> <u>2nd Education Trust Fund.</u> Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street <u>501 Shatto Place Suite 200</u></p> <p>City <u>Los Angeles.</u></p> <p>State <u>CA.</u> ZIP Code + 4 <u>90020</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg, Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p><u>Christmas gift</u> <u>(sunglasses).</u></p>
	<p>11 b Approximate dollar value of such dealing <u>44.81</u></p>
	<p>12 a Nature of interest he'd or income received</p>
	<p>12 b Amount</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>